Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (11-08)

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REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS

Application Number	08/240,147 / 5481546	
Filing Date	05-10-1994	
First Named Inventor	Dinkins	
Art Unit	2603	
Examiner Name	Chin	
Attorney Docket Number	EONO01 C	

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450						
Please withdraw me as attorney or agent for the above identified patent application, and						
all the practitioners of record;						
the practitioners (with registration numbers) of record listed on the attached paper(s); or						
the practitioners of record associated with Customer Number: 67942						
NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.						
The reason(s) for this request are those described in 37 CFR :						
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)						
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)						
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)						
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:						
Certifications						
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.						
We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.						
2. We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.						
3. We have notified the client of any responses that may be due and the time frame within which the client must respond.						
Please provide an explanation, if necessary:						
Each of the above have been coordinated with or delivered to the client's current counsel as directed by the client.						

[Page 1 of 2] This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (11-08) Approved for use through 11/30/2011. OMB 0651-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS										
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am authorized to sign on behalf of myself and all withdrawing practitioners.										
Signature	Re K	F.	Deux							
Name	ame Raman N. Dewan				Registration No. 38787		3787			
Address	100 Congres	s Ave	enue, Suite 1100							
City Austin State TX				Zip 78701 Country US						

[Page 2 of 2]

Telephone No. 512,236,2013

Date

November 3, 2010

NOTE: Withdrawal is effective when approved rather than when received.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retin a benefit by the public which is to fie (and by the USFTO to process) an application. Condificativity is operend by 58 U.S. C. 123 and 37 CFR 1.11 and 114. This collection is estimated to late 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the amount of the you require to complete this form and/or suggestations for reducing this burden, should be sent to the Chiler Information Officer, U.S. Patient and Trademark Office, U.S. Patient, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DON'T SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA. 22313-1450. DON'T SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.